

Customer Service

Office locations - 7447 E. Indian School Road, Suite 110
 or - 9379 E. San Salvador, #100
 Mailing Address - 3939 N. Drinkwater Blvd.
 Scottsdale, AZ 85251-4468
 Telephone - (480) 312-2400



**APPLICATION
 COMMERCIAL OR INDUSTRIAL
 SOLID WASTE AND RECYCLING LICENSE**

Account Number _____

Date License Issued _____

FOR CASHIER USE ONLY**BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION AND START DATE**

<input type="text"/>															<input type="text"/>		<input type="text"/>		<input type="text"/>	
BUSINESS NAME (Individual, Company or "DBA", first name first)															Area Code		Business Telephone No.			
<input type="text"/>		<input type="text"/>		<input type="text"/>											<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET NO.		(N,E,S,W)		STREET NAME											Type (ST.DR.AV.)		STE./APT. NUMBER			
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
City				State		ZIP		Start Date In Scottsdale _____												

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

<input type="text"/>		<input type="text"/>		<input type="text"/>											<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET NO.		(N,E,S,W)		STREET NAME											Type (ST.DR.AV.)		STE./APT. NUMBER			
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
City				State		ZIP		Area Code		Emergency Number		AZ DRIVERS LICENSE NO.								
APPLICANT NAME (Individual or Corporation/Partnership operating business. (first name first)).																				

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ PHONE: _____

BUSINESS OWNERSHIP AND RECORDS LOCATION

DATE INCORPORATED ____/____/____
 TYPE OF OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐
 STATE INCORPORATED _____

CORPORATE STATUTORY AGENT OR AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS:

NAME _____ ADDRESS _____ PHONE: _____

DESCRIBE NATURE OF BUSINESS _____

TYPE OF COLLECTION : COMMERCIAL SOLID WASTE ☐ RECYCLING ☐ COMBINATION ☐**Name(s) of owner(s), partner(s), officer(s), shareholder(s) of 5 % or more and employee(s)**

Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Name: _____
Last First Middle Title Date of Birth

Residential Address: _____
Street City State Zip Telephone Shareholder %

Name: _____
Last First Middle Title Date of Birth

Residential Address: _____
Street City State Zip Telephone Shareholder %

CONVICTIONS

Has anyone listed ever had a criminal conviction in any jurisdiction, excepting minor traffic offenses for the last 5 years ?

Yes ☐ No ☐

If yes, you must provide specific information describing:

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENSE	COURT(S) ENTERED INTO

Have you or your business ever been refused any similar license or permit; or has any similar license or permit been revoked or suspended ?

Yes ☐ No ☐

If Yes, please give explanation: _____

 (please use additional paper if necessary)

Residence Address(es) of Applicant (Owner) for five years immediately preceding application

ADDRESS: _____
Street City State Zip

From: _____ To: _____

ADDRESS: _____
Street City State Zip

From: _____ To: _____

ADDRESS: _____
Street City State Zip

From: _____ To: _____

VEHICLE INFORMATION

List vehicles of 10 cubic yards or larger:

Make	Model	VIN	Company issued Vehicle Id. Number	AZ license Plate Number	For Office Use Only
					Tag #

ADDITIONAL INFORMATION REQUIRED

(1) Valid proof of age evidencing that the applicant is at least eighteen (18) years of age, if the person is seeking to be licensed in an individual capacity.

(2) A statement indicating what arrangements have been made by the applicant for the disposal of all commercial or industrial refuse to be collected pursuant to the license and the location of the disposal site.

(3) A description of the applicant's previous experience in activities similar to those for which the license application is submitted.

I UNDERSTAND THAT I WILL NOT BE ENTITLED TO DAMAGES OF ANY KIND IN THE EVENT THAT THE SCOTTSDALE CITY COUNCIL DETERMINES RECYCLING LICENSES WILL NOT BE ISSUED IN THE FUTURE.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

Date: _____

Applicant Signature

FOR OFFICE USE ONLY

Recommendation:

Approval/Denial

Date

Director of Sanitation Signature